



**SERVICE & SUPPLY REQUEST FORM**  
*Island Medications Return & Sharps Collection Programs*

to schedule services, send this form to HPSA by e-mail or fax

Phone: 1-844-535-8889

Fax: 1-855-228-2099

e-mail: [info@healthsteward.ca](mailto:info@healthsteward.ca)

**Pharmacy Information**

HPSA ID: \_\_\_\_\_ Request Date: \_\_\_\_\_

Pharmacy Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

(Print) Name/Title: \_\_\_\_\_

Signature \_\_\_\_\_

**New Supply Order**

Item	Quantity
Sharps Kit (24 sharps containers, 2 liner & 2 cardboard box)	<input type="checkbox"/> _____
Extra sharps over-packaging (cardboard box & liner)	<input type="checkbox"/> _____
Medications Return Pail (20L)	<input type="checkbox"/> _____

**Pick-up Request**

Item	Quantity
Sharps Containers in Over-Packaging	_____
Medications Return Pail	_____

**For Your Information**

A courier vehicle will be dispatched to perform the pickup at your location within 10 business days. If requested, supplies will be delivered at this time.

A minimum of two (2) items is required to schedule a pickup. Pails and/or boxes must be full before requesting a pickup.

Please keep a copy of this form and the associated courier receipt on file at your pharmacy.

**Program Criteria Questions**

- Can you confirm that only consumer returns of medications and sharps have been deposited in the program containers?  
 Yes       No
- Can you confirm that there are no free liquids within the medications return pail? *Please note that all liquid and cream medications must be placed in the pail within a leak-proof container.*  
 Yes       No
- Has the lid on the medications return pail been securely sealed?  
 Yes       No
- Has the plastic liner within the sharps over-packaging been tied off and the box sealed with tape?  
 Yes       No
- Is your pharmacy name and address clearly visible on the top or side of the pails or boxes ready for pick-up?  
 Yes       No